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| <b>Clinical</b> | <b>Abuse, Neglect, Misappropriation of Property, Exploitation, and Injuries of Unknown Source</b> |                                  |                                 |
|                 | <b>Effective Date:<br/>November 16, 2022</b>                                                      | <b>Last Reviewed: 11/16/2022</b> | <b>Last Revised: 10/24/2022</b> |

## **POLICY STATEMENT**

It is the organization’s intention to attempt to prevent the occurrence of abuse, neglect, exploitation, injuries of unknown origin, and misappropriation of resident property, and to assure that all alleged violations of federal or State laws which involve abuse, neglect, exploitation, injuries of unknown origin and misappropriation of resident property are investigated, and reported immediately to the Facility Administrator, the State Survey Agency, and other appropriate State and local agencies in accordance with Federal and State law.

It is the organization’s policy that the Facility Administrator, or his or her designee, will direct a reasonable investigation of each such alleged violation, unless he or she has a conflict of interest or is implicated in the alleged violation. The Facility Administrator is responsible to report the results of all investigations to applicable State agencies as required by Federal and State law. The Facility Administrator is the Facility’s designated Abuse Coordinator, and any questions regarding the interpretation or implementation of this policy should be referred to him or her. In the case of a “suspected crime” as defined in the Elder Justice Act, refer to the applicable Elder Justice Act policy and procedure.

### **GUIDELINES:**

#### **Applicability**

This policy applies to all staff , vendors , contractors and, as provided below, volunteers. Each will receive training on this policy upon hire, at least annually thereafter, and as determined by the Facility Administrator or other appropriate company persons. If employees of a contractor are trained by the contractor, the contractor will certify that such training meets the requirements of this policy.

This policy applies to all residents without respect to the resident’s cognitive condition, awareness, or ability to understand the event at issue.

#### **Definitions**

##### **Abuse**

Is the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain or mental anguish. “Abuse” includes physical abuse, mental abuse, verbal abuse, and sexual abuse, as defined below, and includes deprivation by a caretaker of goods and services that are necessary to attain or maintain physical, mental and psychosocial well-being. For purposes of this policy, “willful” means non- accidental, or not reasonably related to the appropriate provision of ordered care and services, depending on the context. Willful as used in the definition of ‘abuse’ means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

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This policy also presumes that all abuse, as defined in this policy, causes physical harm, pain or mental anguish to any resident, even if he or she does not understand the incident, or even if he or she is in a coma.

**Allegation of Abuse**

Means a report, complaint, grievance, statement, incident, or other facts that a reasonable person would understand to mean that abuse, as defined in this policy, is occurring, has occurred, or plausibly might have occurred.

**Immediately**

All alleged violations involving abuse, neglect, exploitation, or mistreatment including injuries of unknown sources and misappropriation of resident property are reported immediately, but no later than 2 hours after the allegation is made. If a State reporting requirement establishes a longer reporting time for certain unusual incidents *other than abuse or neglect*, that reporting time applies only to such incidents. In other words, all allegations and incidents of abuse or neglect, as defined in this policy, will be reported “immediately,” as defined in this paragraph.

**Identification of Abuse:**

Identification of occurrences of abuse is an ongoing process and responsibility of all persons as defined within this policy. Routine evaluations such as skin evaluations and comprehensive evaluations are methods of identification of potential abuse. Resident interviews and family interviews are routinely conducted on sampled residents and families as part of the quality improvement process. The identification of abuse is reviewed, tracked and trended in the quality assurance process as outlined in #14 under Investigative Guidelines below.

**Injury of Unknown Source:**

Means an injury that meets both of the following conditions: (1) the source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and (2) the injury is suspicious because of the extent of the injury; or the location of the injury (for instance, the injury is located in an area not generally vulnerable to trauma); or the number of injuries observed at one particular point in time; or the incidence of injuries over time. Such occurrences will be investigated by the Administrator, Director of Nursing, or designee as outlined below in the investigation guidelines.

**Corporal Punishment**

Any punishment in which physical force is used and intended to cause pain.

**Involuntary seclusion**

Means separation of a resident from other residents or from his or her room, or confinement to his or her room (with or without roommate) against the resident’s will, or the will of the resident’s legal representative. Emergency or short-term monitored separation from other residents is not considered to be involuntary seclusion and may be permitted in appropriate

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circumstances for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident’s needs. Placement of a cognitively impaired resident on a locked unit for therapeutic and safety reasons is not involuntary seclusion so long as the resident’s representative, if any, agrees to the placement and is involved in the resident’s care, and care and services are provided to the resident in accordance with his or her care plan. The placement of a resident on a locked unit shall be implemented as the least restrictive alternative for the least amount of time necessary to treat the resident’s symptoms and protect the residents’ safety.

**Mental abuse**

Includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, withholding of goods or services, or any other statements or behavior that a reasonable person would consider to be humiliating, demeaning or threatening to a resident. This could include the taking or use of photographs or recordings regardless of whether the resident consents and regardless of the resident’s cognitive status. Stakeholders are prohibited from taking, keeping, using, or otherwise distributing any photographs or other recordings of a resident on social media except as set forth in our social media policy.

See Appendix PP, F 600

**Under no circumstances shall any Stakeholder accept any money, property, inheritance, or anything else of value from a resident or resident’s family member, nor enter into any joint ownership of any property, bank account, business or anything else of value, with a resident, unless the resident is a family member of the Stakeholder.**

**Neglect**

Means failure to provide goods and services necessary to avoid physical harm, mental anguish or emotional distress. More specifically defined as " indifference or disregard for resident care, comfort or safety, resulted in or could have resulted in/or have resulted in physical harm, pain, mental anguish or emotional distress." See Appendix PP , F 600

**Exploitation**

Defined as taking advantage of a resident for personal gain, through the use of manipulation, initiation, threats, or coercion.

**Misappropriation of resident property**

Is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent. If the money from the resident trust accounts and/or resident trust petty cash are impacted or potentially impacted, notification should be made to Compliance, Internal Audit and Legal for investigation purposes.

**Verbal abuse**

Is use of any oral, written or gestured language that includes any threat, or any frightening, disparaging or derogatory language, to residents or their families, or within their hearing distance, regardless of age, ability to comprehend, or disability.

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**Physical abuse**

Includes, but is not limited to, hitting, slapping, pinching, kicking, controlling behavior through corporal punishment, or any similar touching of a resident that does not have an appropriate therapeutic purpose, and that is not reasonably related to the appropriate provision of ordered care and services. This could include the taking or use of photographs or recordings of a resident, regardless of resident consent or cognitive status and depending upon what was recorded or photographed. Stakeholders are prohibited from taking, keeping, using, or otherwise distributing any photographs or other recordings of a resident that are considered demeaning or humiliating, regardless of whether the resident provided consent and regardless of the resident’s cognitive status. This means Stakeholders are not permitted to use any device of any kind (e.g., electronic, recording, or otherwise) to take, keep, use, or otherwise distribute such materials on social media except as set forth in our social media policy. See Appendix PP, F 600

**Sexual abuse**

Includes sexual harassment, sexual coercion, or sexual assault. For purposes of this policy, “sexual abuse” includes, but is not limited to, any physical contact with a resident’s body that is not reasonably related to appropriate provision of ordered care or services; sexually oriented comments or jokes; taking or sharing photographs of a resident that display nudity other than for appropriate therapeutic purposes (for instance, to record skin wounds); display of sexually oriented photographs or written materials to residents; and the like. This could include the taking or use of photographs or recordings of a resident, regardless of resident consent or cognitive status and depending upon what was recorded or photographed. Stakeholders are prohibited from taking, keeping, using, or otherwise distributing any photographs or other recordings of a resident that are considered demeaning or humiliating, regardless of whether the resident provided consent and regardless of the resident’s cognitive status. This means Stakeholders are not permitted to use any device of any kind (e.g., electronic, recording, or otherwise) to take, keep, use, or otherwise distribute such materials on social media except as set forth in our social media policy. See Appendix PP, F 600

**Serious Bodily Injury**

The term “serious bodily injury” is defined as an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.

**Suspected Crime**

Has the meaning set forth in the Elder Justice Act policy and procedure.

**Suspected Perpetrator**

Means a specific person regarding whom another person (or the suspected perpetrator him or herself) has made an “allegation of abuse,” as defined above.

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**PROCEDURE:**

**A. Screening**

1. Interviews and reference checks will be conducted on all potential employees.
2. Applications will require the applicant to honestly report any conviction of a crime.
3. Criminal background checks will be conducted prior to permanent employment. The facility will not knowingly employ an individual who has been convicted by a court of law or has a disciplinary action in effect against his/her professional license by a state licensure body due to abusing, neglecting, mistreating, exploiting, misappropriation or any crimes against the elderly. Some states may define criminal offenses that preclude employment more broadly than those set forth and accordingly, facility will abide by state law. For questions on state specific requirements, please contact HR or the Legal Department.
4. A search of the State Aide Registry will be completed prior to permanent employment. Applicants who appear on the State Nurse Aide Abuse Registry will not be offered employment.
5. The Board of Nursing will be contacted for licensed nurse applicants to verify applicant is in good standing prior to the offer of employment

**B. Training**

1. During orientation, all new Stakeholders, contractors and volunteers will be trained on reporting allegations of abuse; and notify the stakeholders, contractors, and volunteers of the individual’s obligation to comply with the reporting requirements of the Affordable Care Act section 1150B (Elder Justice Act). Documentation of such training will be kept in each such person’s personnel file. Employees of the Contractor may be trained by the contractor, so long as such training meets the following requirements, and the contractor certifies that each of its employees providing services at the facility has completed and passed such training. Training shall include:
  - a. Definitions and descriptions of “abuse,” “neglect,” “exploitation,” “misappropriation,” “injuries of unknown source,” and “reasonable suspicion of a possible crime against the elderly,” presented in language and format designed to assist all staff to detect such events;
  - b. Signs and symptoms of abuse;
  - c. How to report knowledge and allegations of abuse, neglect, and misappropriation, and reasonable suspicion of a possible crime; and
  - d. Prohibiting the use of any type of equipment (i.e. cameras, cell phones, or any other type of electronic, recording, or picture device) to take, keep, use, or otherwise distribute photographs and/or other recordings of residents that are in any way demeaning or humiliating, regardless of whether the resident provided consent and regardless of the resident’s cognitive status.
2. Each Stakeholder, contractor and volunteer will receive annual training on these abuse and

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neglect policies and procedures. Documentation of such training will be kept in each person’s personnel file. The documentation of contractor’s training shall be retained by the contracted company.

**C. Prevention**

1. Upon admission and periodically thereafter each resident will have an evaluation completed which identifies potential vulnerabilities such as cognitive, physical, psychosocial, environment and communication concerns.
2. The plan of care will address identified vulnerabilities.
3. Residents and family members will be provided written information upon admission, and upon individual request, about how, and to whom, to report concerns, complaints, grievances and incidents, including but not limited to, making reports to the company’s compliance line and through the Facility’s grievance procedure.
4. The Facility will post in a visible public area, and will provide upon individual request, the names, addresses, phone numbers and other contact information for the State Survey Agency, the Long-Term Care Ombudsman, the local law enforcement agency, the compliance line, and, if applicable, local resident advocacy groups.

**CI. Identification**

1. All staff will receive education about how to identify signs and symptoms of abuse.
2. Residents will be monitored for possible signs of “abuse.”
3. A licensed nurse will perform, document and sign a physical and mental assessment of any potential resident victim of abuse as soon as practicable.
4. The nurse should only document factual information, and not assumptions or conclusions. If an allegation of sexual abuse, the resident’s body should not be washed, and clothing and bedding should not be removed from the immediate area, as it should be preserved for law enforcement.

**CII. Investigation Guidelines**

1. The Facility Administrator will investigate all allegations, reports, grievances and incidents that potentially could constitute “allegations of abuse,” “injuries of unknown source,” “exploitation,” or “suspicions of crime” as defined in this document. The Facility Administrator may delegate some or all of the investigation to the Director of Nursing, Medical Director or other subject matter experts as appropriate, but the Facility Administrator retains the ultimate responsibility to oversee and complete the investigation, and to draw conclusions regarding the nature of the incident.
2. If the Facility Administrator has a conflict of interest or is implicated in the allegation, the Director of Nursing shall conduct and oversee the investigation.
3. If neither the Facility Administrator nor the Director of Nursing is available, the designated

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Facility manager in charge will initiate the investigation.

4. The investigation should include interviews of persons who may have knowledge of the alleged incident.
5. To the extent possible and applicable, the following information may be pertinent when conducting a reasonable investigation:
  - The date and time of the incident;
  - The nature and circumstances of the incident;
  - The location of the incident;
  - A description of any injury;
  - The condition of any injured person;
  - The disposition of the injured person (for instance, transported to hospital);
  - The names of witnesses and their accounts of the incident;
  - The time and date of notification of the resident’s physician and family;
  - Other pertinent information;
  - The name and title of the person completing the documentation.
6. In cases of alleged resident abuse, the Director of Nursing or his/her designee will conduct interviews of interviewable residents on the resident’s unit, or the entire Facility, as appropriate; and shall conduct an appropriate physical assessments of residents who are not capable of being interviewed.
7. The investigation will include review of pertinent parts of the resident or residents’ records to determine the resident or residents’ past history and condition, and its relevancy, if any, to the alleged violation.
8. The investigation should be documented on company approved, designed forms, and/or any specific forms required by the State, or as otherwise instructed by legal counsel (if applicable). These forms are *not* part of a resident’s medical record. The documentation will be kept in the Facility Administrator or Director of Nursing’s office in a secure administrative file marked CONFIDENTIAL, or as otherwise instructed by legal counsel (if applicable). If any written statements or notes relating to the investigation are prepared, they should not be placed in any Stakeholder’s personnel files.
9. All investigation documents and materials are to be held in strict confidence and cannot be shared with any unauthorized person.
10. The Facility Administrator will make reasonable efforts to determine the root cause of the alleged violation and will implement corrective action consistent with the investigation findings and take steps to eliminate any ongoing danger to the resident or residents.
11. Any affected resident’s physician and family/responsible party will be informed of the result of the investigation.
12. The Facility’s interdisciplinary care planning team will initiate or review a care plan for the affected resident or residents to address the resident’s condition and measures to be implemented to prevent recurrence, if applicable.
13. The Director of Social Services, Social Worker, Behavioral Health Specialist, and/or Chaplain will follow up as appropriate to monitor any affected resident’s emotional well-being, and to request referrals for psychological or psychiatric services if needed.

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14. Every substantiated allegation of abuse will be reviewed by the Facility’s Quality Assurance and Performance Improvement Committee to detect potential patterns or trends, and for consideration of further interventions or training opportunities. The medical director should be notified and involved.
15. In the event that the investigation substantiates an allegation of abuse or suspicion of crime by a Stakeholder, contractor or vendor, the Facility Administrator will inform the applicable state licensure authority or Aide Abuse Registry pursuant to such agency’s reporting procedures and as required by state or federal law.
16. The Governing Body will be informed of the receipt of allegations of abuse, neglect, exploitation, or misappropriation and the results of the investigation via the QAPI process. In the event the investigation of the allegation results in substantiation of abuse, neglect, exploitation, misappropriation or mistreatment, a member of the Governing Body will be advised of the results of the investigation as soon as reasonable suspicion of substantiation has developed.

**F. Protection**

1. Every Stakeholder, contractor and volunteer must intervene immediately, to the extent feasible and consistent with personal safety and the person’s training, to prevent or interrupt an incident of abuse.
2. If a Stakeholder observes a resident exhibiting any form of abuse toward another resident, the Stakeholder will intervene immediately to interrupt the incident and remove and/or separate the residents involved and move them to an environment where the residents’ safety can be assured. The charge nurse and/or Director of Nursing will ensure that the residents do not have access to one another until the circumstances of the incident can be determined.
3. Every Stakeholder, contractor and volunteer immediately shall report any “allegation of abuse,” “injury of unknown source,” or “suspicion of crime,” as those terms are defined above, as provided below. **All such persons are encouraged to follow these reporting guidelines when they have reason to believe that abuse, neglect or exploitation is occurring, has occurred, or plausibly may have occurred, but any person who deliberately makes a false allegation of abuse may be subject to discipline.**
4. If the suspected perpetrator is a staff member the charge nurse immediately will remove that staff member from resident care areas and suspend him/her while the matter is investigated. The charge nurse or Director of Nursing will explain to the staff member the nature of the suspension, and that if at the conclusion of the investigation no further suspension or termination is warranted, the staff member will be permitted to return to work. Please refer to HR policies for the company’s staff member payment policy under these circumstances.
5. If a suspected perpetrator is a contractor, visitor, family member or volunteer, the charge nurse, Director of Nursing and/or Facility Administrator immediately will take all appropriate measures to secure the safety and well-being of the affected resident or residents. Such measures may include, by way of example, provision of conditional and supervised

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visits, or disallowing any contact between the resident and the suspected perpetrator while an investigation is conducted

6. The Facility Administrator will identify, intervene and correct situations in which reported abuse, neglect, exploitation, or misappropriation of resident property may recur.

### **G. Reporting/Response**

1. Every staff member , contractor and volunteer immediately shall report any “allegation of abuse,” “injury of unknown origin,” or “suspicion of crime,” as those terms are defined above, to the charge nurse on duty. If the charge nurse is the suspected perpetrator, the report shall be made immediately to the Director of Nursing or Facility Administrator, or to another nurse manager or licensed nurse.

*Failure to report an allegation of abuse, injury of unknown origin or suspicion of crime may result in disciplinary action, including termination of employment, and/or further legal or criminal action against any person who is required to, but fails to make such a report.*

**\*\*\*Reporting Guidelines: \*\*\***

- Any abuse allegation **must be reported to State within 2 hours from the time the allegation was received.**
  - Any reasonable suspicion of a crime + serious bodily injury **must be reported to the State and Police.**
  - Any allegation of neglect, exploitation or misappropriation of resident property **must be reported to the State within 24 hours.** In the case of neglect, exploitation or misappropriation resulting in serious bodily injury it **must be reported to the State and Police within 2 hours.**
2. To the extent possible, the report should include:
    - The name of the resident or residents to which the abuse or suspected abuse occurred;
    - The date and time the incident occurred;
    - Where the incident occurred;
    - The name of the person or person who allegedly committed the incident, if known;
    - The type of abuse suspected or alleged;
    - The condition of the resident;
    - Any other pertinent information
  3. If the person making the report believes there is a lack of immediate or appropriate response from the person(s) to whom he or she reported the suspected abuse, he or she shall immediately notify the Director of Nursing, Facility Administrator, and if they do not respond, then to call the compliance line and can report such conduct anonymously.
  4. A staff member or other person affiliated with the Facility cannot attempt to persuade, threaten or promise a benefit to any person not to make a report of alleged abuse, neglect, injury of unknown source, or suspicion of crime; or alter or destroy any information

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relating to such a report; or fail fully to cooperate with any investigation of such a report by the facility or any government authority. Any of these acts is subject to disciplinary action, up to and including termination of employment or further reporting to the appropriate licensing board.

5. Directly after assuring that the resident(s) involved in the allegation or abuse event is safe and secure, the alleged perpetrator has been removed from the resident care area, and any needed medical interventions for the resident have been requested / obtained, the charge nurse will inform the Facility Administrator (the Abuse Coordinator), Director of Nursing, physician and family or resident’s representative of the allegation of abuse or suspicion of crime.
6. The Facility Administrator will determine whether the report constitutes an “allegation of abuse” or “suspicion of crime” as defined in this policy, and, if so, he or she, or the Director of Nursing, will notify State agencies according to State reporting procedures within 2 hours. In the case of a suspected crime, neglect, exploitation, or misappropriation with resultant serious bodily injury; the state agency and Police will be notified within 2 hours of the allegation.
7. The Facility Administrator or Director of Nursing will inform appropriate Corporate or Regional staff of the allegation of abuse or incident promptly.
8. In the event the Facility Administrator learns of any action by a court of law that indicates that a Stakeholder or contractor is unfit to provide care to elderly persons, he or she shall report that action to the person’s licensure board or the Nurse Aide Abuse Registry as applicable.
9. In the event that an incident involves a potential report under the Medical Device Reporting Act, the Facility Administrator will contact the corporate or regional staff and/or General Counsel of Litigation’s Office for guidance.
10. Report of the results of all investigations to the administrator or his/her designated representative as well as other officials in accordance with state law , including state survey agency within five working day of incident. If the alleged violation is verified, appropriate corrective action must be taken,

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